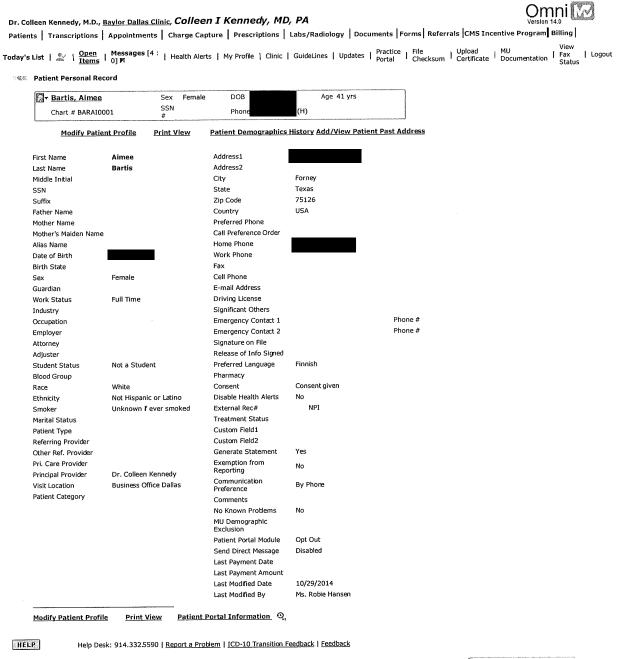
OmniMD - Physician Empowered » Patient Dashboard

Page 1 of 1

Dr. Colleen Kennedy, M.D., <u>Ba</u> y	vior Dallas Clinic, Collee i	n I Kennedy, MD, P.	'A			Omni 🐼
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Phone DOB Chart # BARAI0001 Age 41 yr	Referring Pro- 75126 Pri. Care Pro Unread Mess (H) (H) (S) S Sex: Female	ovider: wider: sages:	dy <u>Health Record</u>	History Edit	Electronic Notes	
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GOVERNMENT EXHIBIT 613 4:18-CR-368 OmniMD - Physician Empowered » Patient Personal Record

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Visit Report - Bartis, Aimee - 12/10/2013 2:15 PM(CST) (OmniMD)

Page 1 of 2

Patient : Bartis, Aimee	Sex : Female
Chart#: BARAI0001 Phone: (H), Ref By:	DOB : Address : Forney, Texas 75126
DOS: 12/10/2013 2:15 PM Chief Complaint: Np Attended By: Ms. Maries Laure	(CST) (15 mins), Location: CIK Business Office Rockwall el (214-775-1356)
Employer:	
Allergies No Known Drug Allergies.	
Intolerance No Intolerance Recorded	
Current Medications Current Medication celexa Larodopa	<u>Dosage Frequency Duration Reason</u>
VITAL SIGNS Height 66 inch 167 cm	
Weight 140 lbs 63.5 Kg BMI 22.6 Kg/m ²	
	FOLLOW UP NOTE
Patient Name: Bartis, Aimee Chart Number: BARAI0001 Date of Service: 12/10/2013 2	2:15 PM(CST)
Procedure Performed:	
Vitals: Temp: BP:/ Puls Starting Weight: Current V	e Rate: O2 Sat: Weight: Change:
Current Medications:	
Note: c/o of joint pain, has hand pain/inflammation cream	nx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream
Impression: scarring with po	oor healing, joint pain
Plan: apply compound scar re	eduction cream and pain/inflammation cream to affected area prn
F/U in: as needed	
Prescriptions and Lab Order	s
Diagnoses	
DIAGNOSES	
Procedures	

Visit Report - Bartis, Aimee - 12/10/2013 2:15 PM(CST) (OmniMD)

Page 2 of 2

PROCEDURES

Disposition

Dr Callaga I	Kennedy, M.D., <u>Baylor Dallas Clinic</u> , <i>Colleen</i>	I Kennedv. MD.	. PA			Omni
atients Tr	ranscriptions Appointments Charge Captur	e Prescriptions L	abs/Radiology Doc	uments Forms Referral	CMS Incent	ive Program Billing
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7	Bartis, Aimee Sex Female	DOB	Age 41 yrs			
	Chart # BARAI0001 SSN #	Phone	ı(H)			
		v More Details				
	vn Allergies (Food, Environmental, Immunizatio ironmental Allergens	on and others) Intolerance	Reaction	Severity Last Occur	rence (Current Status
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Page 1 of 1

Dr. Colleen Kenne	edy, M.D., <u>Baylor Dallas C</u>	_{linic} , Colleen I I	Kennedy, MD,	PA		O _{Vers}	mni 🐼
Patients Transc	riptions Appointments	Charge Capture	Prescriptions	Labs/Radiology D	ocuments Forms Referrals	CMS Incentive Program	Billing
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	is, Aimee	Sex Female SSN	DOB	Age 41 yrs			
Chart	# BARAI0001	#	Priorie	(11)			
						Add CDA Docum	ent Request Send CDA
Referral File Out	going(CDA and Others)						
Patient Name	Date Of Service	Reason		Sent To	Clinic Name	Sent By	Created Date
Bartis, Aimee	12/10/2013 2:15 PM	Clinical Summary		Ms. Maries Laurel	Colleen I Kennedy, MD, PA	Ms. Maries Laurel	10/23/2015 12:44 Pl
	☑ Other Files						
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			Copyright © 20	018 OmniMD. All Rights Res	erved. Omni MD^TM is a trademark of	ISM, Inc.	Secured by O





Subscriber Name: AIMEE G. BARTIS Identification Number: ISD849886403

Plan: ActiveCare 2

Group Number: Coverage Date:

085000 03/01/14 Primary Care \$30 Specialist Care \$50 Emergency Room \$150

TRS ER copay in addition to 20% after deductible





RxBin 610014

RxGrp TRSACTIVECARE2

Issuer (80840) 9151014609

Effective Date: 03/01/2014

ID No. 849886403

Name AIMEE G. BARTIS

m + 11 da + 4000	Tier 1	Tier 2	Tier 3
Retail (1st fill)	\$20	\$40	\$65
Retail (Starting with 2nd fill)	\$25	\$50	\$80
Retall-Plus Network* (60 to 90 days)	\$45	\$105	\$180
Mail (up to 90 days)	\$45	\$105	\$180

mail (up to as days) 345 5180

Specialty medications: \$200

Deductible (per plan year): \$200 per individual (for brand-name drugs only)

*Retail pharmacies who choose to participate in this network are able to dispense a 60- to 90-day supply of medication. Contact Express Scripts for program details and participating pharmacies.

1.	Are you currently experiencing pain from injury or surgery? Yes \(\square\) No
	If yes, what is the severity of the pain? Mild Moderate Severe
	Do you have scars or stretch marks that you would like to see reduced? Yes \(\square\$ No
4.	Do you have concerns about skin irritations? Yes No
<i>5.</i>	Do you have non-healing wounds? If Yes I No
6.	Are you experiencing nausea on a recurring basis? Yes INO
7.	If yes, what is the severity of the nausea? Mild Moderate Severe
8.	Are you concerned about old scars or new scars after surgery? Yes \(\square No
9.	Do you have trouble healing after surgery? Yes No
10.	You will be prescribed pain medication after surgery. Are you interested in topical
me	edication to rub on the affected area rather than taking oral medication? $oxtime Yes \ \Box \ No$
11.	You will be prescribed nausea medication after surgery. Are you interested in topical
me	edication rather than taking oral medication? $\square_{Yes} \square_{No}$
12.	Please list all other medical conditions or important information not mentioned.
Cos	mments/Additional Needs or Concerns:
00,	

Patient Needs Questionnaire • 2014

roduct satistaction survey	Please complete the following Product medication you were recently prescribed: Compound Medication(s) Prescribed: Pain Cream Scar Cream Nausea Cream Psoriasis Cream Wound Cream Acne Cream Hair Gel Other	t Satisfaction Survey based on the compound bed. Thank you for your time.
Ė	1. Did the prescription deliver the r	esults and quality that were anticipated?
ğ	☐ Less than expected ☐ As expected	More than expected ☐ Consistently more
	2. Ease of use/application of the pr	
\overline{O}	☐ Less than desirable ☐ As expected	Better than expected
ハ	3. Ease and timeliness of receiving	The state of the s
 	☐ Less than expected ☐ As expected	☐ More than expected ☐ Consistently more
\preceq	4. Communication from the pharm	nacy regarding status of prescription request was
o	☐ Slower than expected ☑ As expected	☐ Quicker than expected ☐ Never received
Ŏ	5. Helpfulness of pharmacy to ans	wer your questions concerning prescription was
<u></u>	☐ Less than expected As expected	☐ More than expected ☐ Consistently more
	6. The overall satisfaction of your	experience was
	☐ Less than expected ☐ As expected	✓ More than expected ☐ Consistently more
	Comments / Testimonial:	
	Thank you very much for taking time to comple	ete this survey. Your feedback is valued and very much appreciated!
	ausautro	
	Patient Signature	

Product Satisfaction Survey * January 1, 2014

Visit Report - Bartis, A	imee - 12/10/2013 2:15 PM(CST) (OmniMD)	Page 1 of 1
Patient : Bartis, Aimee	Sex : Female	
Chart# : BARAI0001 Phone (H), Ref By :	DOB : Address : , Forney, Texas 75126	
DOS: 12/10/2013 2:15 P <u>Chief Complaint: Np</u> Attended By: Ms. Maries Lau	M(CST) (15 mins), Location: CIK Business Office Rockwall rel (214-775-1356)	
Employer:		
Allergies No Known Drug Allergies		
<u>Intolerance</u> No Intolerance Recorded		
Current Medications Current Medication celexa Larodopa	<u>Dosage Frequency Duration Reason</u>	
VITAL SIGNS Height 66 inch 167 cm Weight 140 lbs 63.5 Kg BMI 22.6 Kg/m²		
	FOLLOW UP NOTE	
Patient Name: Bartis, Aime Chart Number: BARAI0001 Date of Service: 12/10/201		
Procedure Performed:		
Vitals: Temp: BP:/ P Starting Weight: Currer		
Current Medications:		
Note: c/o of joint pain, ha and pain/inflammation crean	s hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream	
Impression: scarring with	poor healing, joint pain	
Plan: apply compound sca	r reduction cream and pain/inflammation cream to affected area prn	
F/U in: as needed		
Prescriptions and Lab Or	lers	
Diagnoses		
DIAGNOSES		
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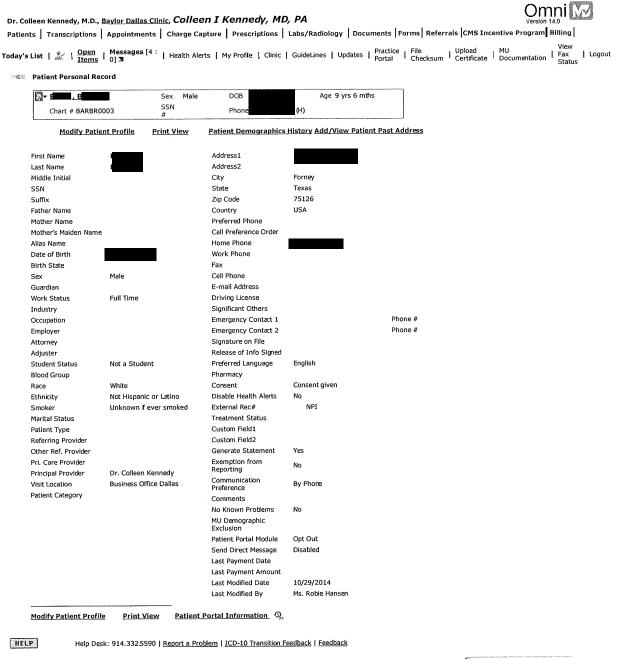
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Captain	No major Col	alitions					
CRP-1	4		a Beleke		i Zin		
Participation			○ RE	RP-3) BRP-4	
NCP-5	• Flurbiprofen 10%	Tramadol 5%	• Ke	etamine onidine	10% 0.2%	 Clonidine 	0.1%
NCP-5	• Baclofen 2% •	Cyclobenzaprine 2%	• FI	urbiprofen		 Lidocaine 	2%
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Quantity: 390mLs (Three Hundred) = 4 week supply Other Qty: 150 m/s Prilocaine 2% in SpiraWash Gel Base Quantity: 390mLs (Three Hundred) = 4 week supply Other Qty: 150 m/s Prilocaine 2% in SpiraWash Gel Base Quantity: 390mLs (Three Hundred) = 4 week supply Other Qty: 150 m/s Refills: 10 m/s Refills:	Baclofen 2% Cyclobenzaprine 2%		13		1		
Prilocaine Lamotrigine Lamotri	• Lidocaine 2%				.0024%		
Quantity: 300mLs (Three Hundred) = 4 week supply Other Qty: 150 mls Refills: SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: PM Alternate SIG: Prescriber Name: College Connedy, MD NPI # 1508897810 Lic. #: M7325 DEA:# Address: 1309 Rify Rd SHE 109, Novembed, TX 75087 Phone #: 244.775.1356 Fax #: 244.611/2231 Signature (Note: Manual Signature Required for CS)	- Bioloiciae	Prilocaine 2%Lamotrigine 2.5%	Prile	ocaine			
Quantity: 300mLs (Three Hundred) = 4 week supply Other Qty: 150 mbs 2 vec SIG: Apply 1-2 pumps to affected area 3-4 times daily 1 pump = 1.5 mLs Refills: 1 pm Alternate SIG: Prescriber Name: Collect Connedy, wto NPI # 1508897810 Lic. #: M7325 DEA:# Address: 1309 Night Rd Ste 109, Nocembed, TX 75287 Phone #: 240.775.1356 Fax #: 240.611/2231 Signature (Note: Manual Signature Required for CS)				spiravvasn Gei Base			
Prescriber Name: College Connedy More Lic. #: M7325 DEA: # Address: 1309 Right Required for CS) Date: 1212 Lic. #: Date: Lic. #: Date: Lic. #: Date: Lic. #: L	TO THE RESIDENCE SERVICES SERVICES THE RESIDENCE THE RESIDENCE OF THE RESI	**************************************		4	<u> </u>	1.5	
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Prescriber Name:	SIG: Apply 1-2 pumps to affected	area 3-4 times dail	ıy 1 pump = 1.5 ii	ils neillis	YIV		
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Address: 1309 Rige Rd Ste 109, Nocember 1X 7508 F Phone #: 24.775.1356 Fax #: 24.617/223) Signature (Note: Manual Signature Required for CS) Date: 1212 L'	Prescriber Name.		1111001	<u>'</u> NPI#	7000	, , =(0	
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	Colleen Kenr	nedy MD		
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	twice daily for 10-14 weeks			™-Plus)
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Apply 1-2 grams to a	affected area 3-4 times daily.			
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60GMS120GM!		2 3 4 5 prn		
Flurbiprofen 20%, Baclo	fen 2%, Cyclobenzaprine 2%, Gab	papentin 6%, Lidoc	aine 2.5%	

Dr. Colleen Ken	nedy, M.D., Bay	lor Dallas Clinic, Collee i	n I Kenned	dy, MD, PA				1	Omn Version 14.0	
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L	DOB	6 mths Sex: Male				Hist	ory			
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Patient's Prin	nary Insuranc	e Details								
Payer / Policy		Group / Plan	Member/ S	Subscriber	10	Validity	Co-Pay	Details	Ac	tion
No Primary Insur	ance Record Exist		~ *****							
Demographics	✓	Allergies√		OmniMD Rx His	story	Transcription	<u>s</u>	Message	<u>s</u>	
Insurance Rec	ords	Current Medications		All Rx History		Referrals		CDA.✓		
Eligibility Info)	Medical History 💌		Rx Refills		Form Records	5	Lock Use	ers	
Advance Direc		Family History		Rx Change Reg	uests	Scanned Doci	ıments√	Super Bi	lis	
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Patient's Rec	ent and Upco	ming Health Alerts							Add He	alth Alert
Applicable	Category	Health Alert			Statı	is i	Action	Communi	cation Type	e
Patient's Futo	ure Appointm	ents								Print
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- 12/10/2013 2:30 PM(CST) (OmniMD)

Visit Report - B

PROCEDURES

: Male Patient: B Sex Chart#: BARBR0003 DOB Address: , Forney, Texas 75126 Phone: (H),Ref By: DOS: 12/10/2013 2:30 PM(CST) (15 mins), Location: CIK Business Office Rockwall Chief Complaint: Np Attended By: Ms. Maries Laurel (214-775-1356) Employer: **Allergies** No Known Drug Allergies. **Intolerance** No Intolerance Recorded **Current Medications Current Medication** <u>Dosage</u> <u>Frequency</u> <u>Duration</u> <u>Reason</u> Anafranil **VITAL SIGNS** Height 43 inch 109 cm Weight 45 lbs 20.4 Kg **BMI** 17.1 Kg/m² Abnormal **FOLLOW UP NOTE** Patient Name: B Chart Number: BARBR0003 Date of Service: 12/10/2013 2:30 PM(CST) **Procedure Performed:** Vitals: BP: _ Pulse Rate: ___ O2 Sat: ___ Current Weight: Starting Weight: _ **Current Medications:** hx of eczema, scarring from itching and scratching from eczema-called in compound scar reduction cream Note: Impression: eczema Plan: apply compound scar reduction cream to affected area prn F/U in: as needed **Prescriptions and Lab Orders Diagnoses DIAGNOSES Procedures**

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Page 1 of 2

Visit Report - B ..., B ..., - 12/10/2013 2:30 PM(CST) (OmniMD)

Page 2 of 2

Disposition

y's List 🎎	Open Messages [4 Items O] ▼		My Profile Clinic				Documentation Sta	atus
□+ I	t # BARBR0003	Sex Male SSN	DOB Phone	Age 9 yrs 6 m	nths			
Chart	t # BARBRUUU3	#	Priorie	(1)				
			/ More Details					
	lergies (Food, Environmei nental Allergens	ntai, Immunizatio	Intolerance	Reaction	Severity La	st Occurrence	Current Status	
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- Immunization			Intolerance	Reaction	Severity L	ast Occurrence	Active Add Current Status Active	<u> </u>
- Immunization	n Allergies	▽	Intolerance Reviewed Notes:	Reaction	Severity L	ast Occurrence	Current Status Active	j
ner Allergens Allergy Revieus Last Reviewed	n Allergies ew History by, Ms. Robie Hansen		Reviewed Notes:	Reaction	Severity L	ast Occurrence	Current Status Active	
- Immunization ner Allergens Allergy Revie Last Reviewed on 10/22/20:	ew History by, Ms. Robie Hansen 15 10:35 AM	<u> </u>	Reviewed Notes:		Severity L	ast Occurrence	Current Status Active	
Allergy Reviet Last Reviewed on 10/22/20:	ew History by, Ms. Robie Hansen 15 10:35 AM ons		Reviewed Notes:		Severity L	ast Occurrence	Current Status Active	
- Immunization ner Allergens Allergy Revis Last Reviewed on 10/22/20: rug Interactic everity Dr	n Allergies ew History by, Ms. Robie Hansen 15 10:35 AM		Reviewed Notes:		Severity L	ast Occurrence	Current Status Active	<u> </u>
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Page 1 of 1

Dr. Colleen Kennedy, M.D., <u>Bayl</u>	or Dallas Clinic,	Colleen I	Kennedy, MD,	. PA			Omni 🐼
Patients Transcriptions App	ointments Ch	arge Capture	Prescriptions 1	abs/Radiology Do	cuments Forms Ref	errals CMS Incentive F	rogram Billing
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Current Medications							
Chart # BARBR0003	Sex SSI #		DOB Phone	Age 9 yrs 6 i	nths		
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2. If yes, what is the severity of the pain? ☐ Mild ☑ Moderate ☐ Severe 3. Do you have scars or stretch marks that you would like to see reduced? ☐ Yes ☑ N 4. Do you have concerns about skin irritations? ☑ Yes ☐ No 5. Do you have non-healing wounds? ☐ Yes ☒ No 6. Are you experiencing nausea on a recurring basis? ☐ Yes ☒ No 7. If yes, what is the severity of the nausea? ☐ Mild ☐ Moderate ☐ Severe 8. Are you concerned about old scars or new scars after surgery? ☐ Yes ☒ No	1.	Are you currently experiencing pain from injury or surgery? \(\text{Yes}\) \(\text{D}\) No
3. Do you have scars or stretch marks that you would like to see reduced? \Begin{align*} Yes \Begin{align*} No \Begin{align*} 4. Do you have concerns about skin irritations? \Begin{align*} Yes \Begin{align*} No \Begin{align*} 5. Do you have non-healing wounds? \Begin{align*} Yes \Begin{align*} No \Begin{align*} 6. Are you experiencing nausea on a recurring basis? \Begin{align*} Yes \Begin{align*} No \Begin{align*} 7. If yes, what is the severity of the nausea? \Begin{align*} Mild \Begin{align*} Moderate \Begin{align*} Severe \Begin{align*} 8. Are you concerned about old scars or new scars after surgery? \Begin{align*} Yes \Begin{align*} No \Begin{align*} 9. Do you have trouble healing after surgery? \Begin{align*} Yes \Begin{align*} No \Begin{align*} 9. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? \Begin{align*} Yes \Begin{align*} No \Begin{align*} 9. Yes \Begin{align*} No \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Yes \Begin{align*} 9. No \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Yes \Begin{align*} 9. No \Begin{align*} 9. Yes \Begin{align*} 9. No \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Please list all other medical conditions or important information not mentioned. \Begin{align*} 9. Please l		/
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8. Are you concerned about old scars or new scars after surgery? 9. Do you have trouble healing after surgery? 10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? 11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? 12. Please list all other medical conditions or important information not mentioned.		
9. Do you have trouble healing after surgery? Yes No 10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? Yes No 11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? Yes No 12. Please list all other medical conditions or important information not mentioned.	7.	If yes, what is the severity of the nausea? Mild Moderate Severe
10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? Yes Note that the prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? Yes Note that the prescribed in topical medication? Yes Note that the prescribed in topical medication? Yes Note that the prescribed in topical medication rather than taking oral medication? Yes Note that the prescribed in topical medication rather than taking oral medication? Yes Note that the prescribed in topical medication rather than taking oral medication? Yes Note that the prescribed in topical medication rather than taking oral medication? Yes Note that the prescribed in topical medication rather than taking oral medication? Yes Note that the prescribed in topical medication? Yes Yes Yes Yes Yes Yes Yes Ye	8.	Are you concerned about old scars or new scars after surgery? Yes No
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medication rather than taking oral medication? 12. Please list all other medical conditions or important information not mentioned.	me	dication to rub on the affected area rather than taking oral medication? \square Yes $\ \square$ No
12. Please list all other medical conditions or important information not mentioned.	11.	You will be prescribed nausea medication after surgery. Are you interested in topica
	me	dication rather than taking oral medication? $\square Yes$ $\square No$
Comments/Additional Needs or Concerns:	12.	Please list all other medical conditions or important information not mentioned.
Comments/Additional Needs or Concerns:		
Comments/Additional Needs or Concerns: .		
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Patient Needs Questionnaire • 2014

Product Satisfaction Survey

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Patient Name:_	D	<i>.</i>	

Compound Medicat	tion(s) Prescribed:		
Pain Cream O Scar Cream			
o Nausea Cream Psoriasis Crear			
o Wound Cream			
o Acne Cream o Hair Gel			
o Other		1 1/200	
1. Did the prescrip	otion deliver the rest	ults and quality that were	anticipated?
☐ Less than expected	☐ As expected	More than expected	☐ Consistently more
2. Ease of use/app	olication of the pres	cription was	
☐ Less than desirable	As expected	☐ Better than expected	☐ Consistently better
3. Ease and timeli	iness of receiving th	ne prescription was	
☐ Less than expected	☑ As expected	☐ More than expected	☐ Consistently more
4. Communication	n from the pharmac	cy regarding status of pres	cription request was
☐ Slower than expected	As expected	☐ Quicker than expected	☐ Never received
5. Helpfulness of	pharmacy to answe	r your questions concerni	ng prescription was
☐ Less than expected	As expected	☐ More than expected	☐ Consistently more
6. The overall sati	isfaction of your exp	perience was	
☐ Less than expected	☑ As expected	☐ More than expected	☐ Consistently more
Comments / Testin	nonial:		
Thank you very much for	taking time to complete	this survey. Your feedback is valu	ued and very much appreciate
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Omni 🔯 Dr. Colleen Kennedy, M.D., Baylor Dallas Clinic, Colleen I Kennedy, MD, PA Patients | Transcriptions | Appointments | Charge Capture | Prescriptions | Labs/Radiology | Documents | Forms | Referrals | CMS Incentive Program | Billing | Today's List | See | Open | Messages [4:] Health Alerts (My Profile | Clinic | GuideLines | Updates | Practice | Profile | Checksum | Checksum | Upload Certificate | MU Documentation | Status Status COA Document List **□ • E** E E E E Sex Male DOB Age 9 yrs 6 mths SSN Chart # BARBR0003 Phone Add CDA Document Request Send CDA Referral File Outgoing(CDA and Others) **Created Date** Date Of Service Sent To Clinic Name Sent By Patient Name Reason 10/23/2015 12:45 PI Colleen I Kennedy, MD, PA Ms. Maries Laurel 12/10/2013 2:30 PM Clinical Summary Ms. Maries Laurel CDA Files Other Files Referral File Incoming(CDA and Others) Clinic Name **Document Type** Created Date Patient Name No Document Found. HELP Help Desk: 914.332.5590 | Report a Problem | ICD-10 Transition Feedback | Feedback Secured by () Copyright © 2018 OmniMD. All Rights Reserved. OmniMD $^{\text{TM}}$ is a trademark of ISM, Inc.

Visit Report - B	- 12/10/2013 2:30 PM(CST) (OmniMD)	Page 1 of 1
Patient : B	Sex : Male	
Chart#: BARBR0003 Phone: (H) Ref By:	DOB : , Address : , Forney, Texas 75126	
DOS: 12/10/2013 2:30 <u>Chief Complaint: Np</u> Attended By: Ms. Maries La	PM(CST) (15 mins), Location: CIK Business Office Rockwall curel (214-775-1356)	
Employer:		
Allergies No Known Drug Allergie	s.	
Intolerance No Intolerance Recorded		
Current Medications <u>Current Medication</u> Anafranil	<u>Dosage Frequency Duration Reason</u>	
VITAL SIGNS Height 43 inch 109 cm		
Weight 45 lbs 20.4 Kg		
BMI 17.1 Kg/m ² Abnor	mal	
	FOLLOW UP NOTE	
Patient Name: Berei, E Chart Number: BARBR000 Date of Service: 12/10/20		
Procedure Performed:		
Vitals: Temp: BP:/_ Starting Weight: Curre	Pulse Rate: O2 Sat: ent Weight: Change:	
Current Medications:		
Note: hx of eczema, sca	ring from itching and scratching from eczema-called in compound scar reduction cream	
Impression: eczema		
Plan: apply compound sc	ar reduction cream to affected area prn	
F/U in: as needed Prescriptions and Lab Or	ders	
Diagnoses		
DIAGNOSES		
Procedures		
PROCEDURES	Marusolannel pro	
Disposition	1000 000 000 000 P1 1	

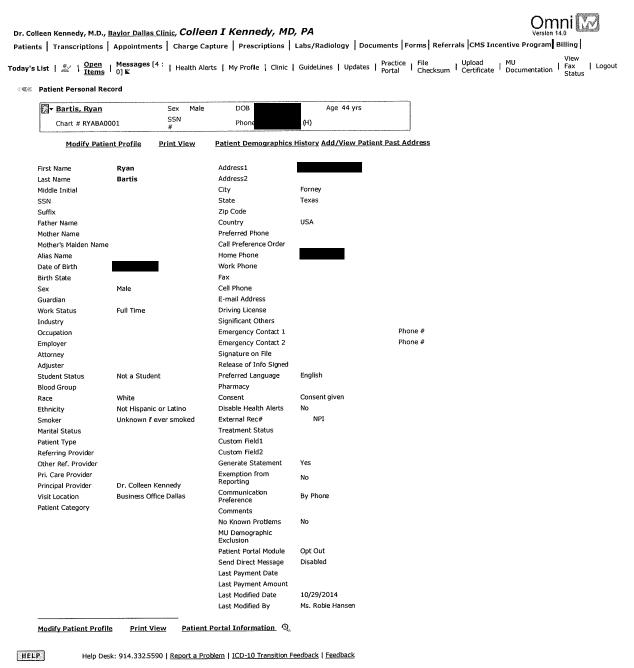
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60GMS120	NPI On Cream MS twice daily for 10-20 OGMS	Refills 1 2 3 4	Date 17	
4GMS 8GM	to affected area 3-4 ti	s 1 2 3 4 5 / [orn Vitamin D3 0.03%, Tretino	in 0.012%
60GMS120		efills 1 2 3 4		pain.

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Visit Report - Bartis, Ryan - 12/10/2013 2:45 PM(CST) (OmniMD)

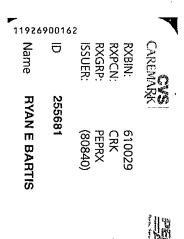
Page 1 of 2

Patient : Bartis, Ryan Sex : Male	
Chart#: RYABA0001 DOB: Phone: (H), Address: , Forney, Texas Ref By:	
DOS: 12/10/2013 2:45 PM(CST) (15 mins), Location: CIK Business Office Rockwall Chief Complaint: Np Attended By: Ms. Maries Laurel (214-775-1356)	
Employer:	
Allergies No Known Drug Allergies.	
Intolerance No Intolerance Recorded	
Current Medications	
VITAL SIGNS Height 70 inch 177 cm Weight 205 lbs 93.0 Kg BMI 29.4 Kg/m² Abnormal	
FOLLOW UP NOTE	
Patient Name: Bartis, Ryan Chart Number: RYABA0001 Date of Service: 12/10/2013 2:45 PM(CST)	
Procedure Performed:	
Vitals: Temp: BP:/ Pulse Rate: O2 Sat: Starting Weight: Current Weight: Change:	
Current Medications:	
Note: c/o of joint pains and low back pains, has hx cuts/scarring with poor cosmetic healing-called in compound scar reduction cream and pain/inflammation cream	d
Impression: scarring with poor healing, joint pain, low back pain	
Plan: apply compound scar reduction cream and pain/inflammation cream to affected area prn	
F/U in: as needed	
Prescriptions and Lab Orders	
Diagnoses	
DIAGNOSES	
Procedures	
PROCEDURES	
Disposition	

Visit Report - Bartis, Ryan - 12/10/2013 2:45 PM(CST) (OmniMD)

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Present this card to any participating retail pharmacy to obtain your short-term supply of medicine. When you ask for a generic medicine, you get the equivalent to the brand name FDA-approved medicine and could save money. Count on Generics⁴⁴ and save! For additional pharmacies go to vvvvv.caremark.com or contact a Caremark Customer Care representative.

Customer Care: 1-866-559-6893
Submit Claims to:
Caremark Claims Department
P.O. Box 52196
Phoenix, AZ 85072-2196
12546-01

12546-1050-1207

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3. 1 4. 1 5. 1 6. 2 7. 1	If yes, what is the severity of the pain? Mild Moderate Severe Do you have scars or stretch marks that you would like to see reduced? Yes No Do you have concerns about skin irritations? Yes No Do you have non-healing wounds? Yes No
4. 1 5. 1 6. 2 7. 1	Do you have concerns about skin irritations? Yes No Yes No
4. 1 5. 1 6. 2 7. 1	Do you have concerns about skin irritations? Yes No Yes No
6. 2 7. 1	
7. 1	
7. 1	Are you experiencing nausea on a recurring basis? \square_{Yes} $ olimits$ No
	If yes, what is the severity of the nausea? \(\Bigcap \text{Mild} \Bigcap \text{Moderate} \Bigcap \text{Severe}
8. 1	Are you concerned about old scars or new scars after surgery? Wes \square No
	Do you have trouble healing after surgery? Yes No
<i>10.</i> 2	You will be prescribed pain medication after surgery. Are you interested in topical
med	ication to rub on the affected area rather than taking oral medication? Yes DNo
	You will be prescribed nausea medication after surgery. Are you interested in topical
med	ication rather than taking oral medication? Yes \(\sigma\) No
12. 1	Please list all other medical conditions or important information not mentioned.
Com	nents/Additional Needs or Concerns:
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Patier	nt Signature

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Compound Medication Pain Cream Scar Cream Nausea Cream Psoriasis Cream Wound Cream Acne Cream Hair Gel Other	on(s) Prescribed:		
1. Did the prescript	ion deliver the res	ults and quality that were	anticipated?
☐ Less than expected	☐ As expected	More than expected	☐ Consistently more
2. Ease of use/appl	ication of the pres	cription was	
☐ Less than desirable	☐ As expected	Better than expected	☐ Consistently bette
3. Ease and timeling	ness of receiving th	ne prescription was	
☐ Less than expected	As expected	☐ More than expected	☐ Consistently more
4. Communication	from the pharmac	cy regarding status of pres	cription request wa
☐ Slower than expected		☐ Quicker than expected	
5. Helpfulness of p	harmacy to answe	er your questions concerni	ng prescription was
☐ Less than expected	As expected	☐ More than expected	☐ Consistently more
6. The overall satis	faction of your exp	perience was	
☐ Less than expected	☐ As expected	More than expected	☐ Consistently more
Comments / Testim		this survey. Your feedback is valu	ued and very much appre

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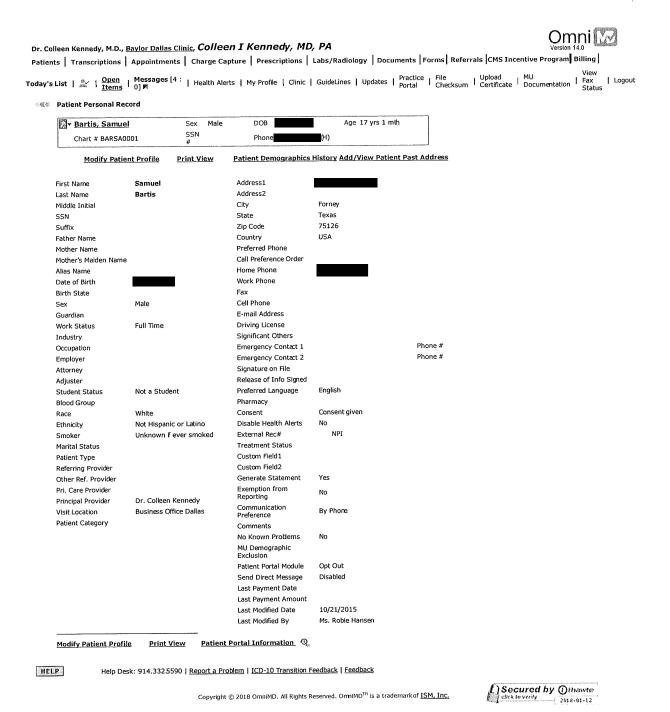
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∏ - Barti	s, Ryan	Sex Male	DOB	Age 44 yrs			
Chart	# RYABA0001	SSN #	Phone	(H)			
						Add CDA Docur	nent Request Send CDA
Referral File Out	going(CDA and Others) Date Of Service	Reason		Sent To	Clinic Name	Sent By	Created Date
Bartis, Ryan	12/10/2013 2:45 PM	Clinical Summary		Ms. Maries Laurel	Colleen I Kennedy, MD, PA	Ms. Maries Laurel	10/23/2015 12:45 PI
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Visit Report - Bartis, I	kyan - 12/10	1/2013 2:45 PM	l(CST) (OmniMD	')	Page I of
Patient : Bartis, Ryan	Sex	: Male			
Chart#: RYABA0001 Phone: (H	DOB I), Address	:	, Forney, Texas		
DOS: 12/10/2013 2:45 <u>Chief Complaint: Np</u> Attended By: Ms. Maries l			n: CIK Business Offic	e Rockwall	
Employer:					
Allergies No Known Drug Allergi	es.				
<u>Intolerance</u> No Intolerance Recorded					
Current Medications					
VITAL SIGNS Height 70 inch 177 cm Weight 205 lbs 93.0 Kg BMI 29.4 Kg/m² Abno	rmal				
		FOLLOW	UP NOTE		
Patient Name: Bartis, Rya Chart Number: RYABA00 Date of Service: 12/10/2	φ1	CST)			
Procedure Performed:					
Vitals: Temp: BP:/_ Starting Weight: Curi	Pulse Rate: _ ent Weight:	O2 Sat: Change:			
Current Medications:					
Note: c/o of joint pains scar reduction cream and p	and low back pain/inflammat	pains, has hx cuts tion cream	s/scarring with poor c	osmetic healing-call	ed in compound
Impression: scarring w	th poor healin	g, joint pain, low	back pain		
Plan: apply compound s	car reduction o	cream and pain/ir	nflammation cream to	affected area prn	
F/U in: as needed					
Prescriptions and Lab C	rders		•		
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Patient Name	DO	0B Kandisharat kanasan kanasa tartasi witanisi kimatatii k	Rep #					
RYAN BARTIS			Insurance Information Provider CUS CAREMARIC Member ID# 255651					
Home Phone	Cell Phone							
Address								
Funcy	State	Zip 75/24	SS.#					
Allergies	Diagnosis	enemos i statutata e in esta sinisticio nos no sussimistro.	Bin # 4 10029	Group# PEPRX				
	9 Ridge Rd. S 14-775-1356 NP Peam ce daily for 10- \$240GMS	(office) 214-6 Lic#: M7325 I#: 150889781 14 weeks for sca Refills 1 2 3	r reduction. (<i>Pracasi</i>					
Psoriasis / Eczema Apply 1-2 grams to affe4GMS8GMS12 Fluticasone 1%, Methylcoba	cted area 3-4 ti 2GMS Refill	s 1 2 3 4 5		noin 0.012%				
Pain Cream Apply one application (60GMS120GMS _ Flurbiprofen 20%, Baclofen .	240GMS R	efills 1 2 3 4	5 prh	or pain.				

		Colleen I Kennedy, MD, PA						Omni (Marie Version 14.0		
Patients Transcriptions	Appointments Char	ge Capture Prescr	iptions Labs/Rad	diology Docum	nents Forms	Referrals	CMS Incentive	a Prograi	m Billing View	
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Patient Dashboard			"							
	s, Samuel	Principal Provider: Referring Provider:	Dr. Colleen Kenned	iy <u>Health Record</u>	l					
	Texas - 75126 Ext. Rec#:	Pri. Care Provider: Unread Messages:								
SSN # Phone	H)	Message Alert					Electronic Note	s		
DOB	` '				Hist	tory				
Chart # BARSA0001 Age Pat. Due	17 yrs 1 mth Sex: Male \$0.0 Print Last STMT.	:			Edit		Enter Keyword		<u>a</u>	
Patient's Primary Ins	urance Details									
Payer / Policy	Group / Plan	Member/	Subscriber		Validity	Co-Pa	y Details		Action	
No Primary Insurance Recor	d Exist									
<u>Demographics</u> ✓	Allergies√		OmniMD Rx Histo	ory	Transcription	ıs	Mes	sages		
Insurance Records	Current Medica	ations.	All Rx History		Referrals		CDA	<u> </u>		
Eligibility Info	Medical Histor	<u>v</u>	Rx Refills		Form Record	<u>s</u>	Loc	k Users		
Advance Directives	Advance Directives Family History		Rx Change Requests		Scanned Doc	uments√	Sup	Super Bills		
Patient Confidentiality	Social History		Lab/Radiology O	rders	Patient Flow	Sheet	Pat	ient Ledo	jer	
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Patient Activity History HIPAA Disclosure		<u>ure</u>	Progress Report Pending Immunizatio		nunizations	1s Patient Contact				
Incoming Referral File	<u>Amendment</u>		Patient Educatio	n_¥						
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Billing Note										-
Cases and Visits									New Cas	e/Visit
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L_12/10/2013 3:00 PM-3	3:15 PM TUE	np		Ms. Maries La	aurel		े हि			
Patient's Recent and	Upcoming Health Ale	erts						A	dd Healt	h Alert
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Patient's Future Appo	ointments									Print
Dt.of Service		Chie	f Complaint			Provider		Procedi	ıres	
Charts & Reports: <u>Growtl</u>	h Charts								Delete	e Patient
HELP Help D	esk: 914.332.5590 <u>Repo</u> r	t a Problem ICD-10 T	ransition Feedback	<u>Feedback</u>						
	Coj	oyright © 2018 OmniMD.	All Rights Reserved. O	-moiMD™ is a traden	narkof <u>ISM, Inc.</u>		() Secured)thawte	



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CONFIDENTIAL KEN003539

Visit Report - Bartis, Samuel - 12/10/2013 3:00 PM(CST) (OmniMD)

Page 1 of 2

Patient : E	Bartis, Samuel	Sex :	Male			
Chart# : B	BARSA0001	DOB :				
Phone :	(H),	Address:			, Forney,	Texas 75126
Ref By :						
DOS : 12	/10/2013 3:00 PM(CST) (15	mins),	Location:	CIK Busin	ess Office Rockwall
Chief Com	nplaint: Np					
Attended	By: Ms. Maries Laurel	(214-775	-1356)			
Employer	:					
Allergies						
No Know	n Drug Allergies.					
<u>Intoleran</u>	<u>ce</u>					
	ance Recorded					
Current !	Medications					
Current Me	edication	Dosa	<u>ge</u>	Frequency	<u>Durati</u>	<u>on Reason</u>
Singulair						
VITAL SIG	GNS 8 inch 172 cm					
	90 lbs 86.2 Kg					
BMI 28	3.9 Kg/m ² Abnormal					
			FO	LLOW UP	NOTE	
Patient Na	ıme: Bartis, Sam					
	ber: BARSA0001					
Date of Se	rvice: 12/10/2013 3:	00 PM(CS	T)			
Procedure	Performed:					
Vitals:						
Temp:	BP:/ Pulse eight: Current W	Rate:	O2 Sat			
		eigiic.	Change	•		
Current M	edications:					
Note: so	carring from old cuts/i	njuries wi	th poor c	osmetic he	aling, calle	ed in compound scar reduction cream
Impressio	n: scarring with poo	or healing	outcome			
Plan: app	ply compound scar red	duction cre	eam to af	fected area	prn	
F/U in: as Prescripti	needed ions and Lab Orders	:				
Diagnose	es					
DIAGNOS	ES					
Procedur						
FIOCEGUI						

Visit Report - Bartis, Samuel - 12/10/2013 3:00 PM(CST) (OmniMD)

Page 2 of 2

PROCEDURES

Disposition

≪≪ Aller	gies							
	Bartis, Samuel Chart # BARSA0001	Sex Male SSN #	DOB Phone	Age 17 yrs 1 m	ith .			
	vn Allergies (Food, Environ							
	ironmental Allergens	▽	Intolerance	Reaction	Severity Last (Occurrence	Active	<u> </u>
MNKDA (N Drug Allerge Drug		ssification 5	Intolerance	Reaction	Severity Low	Last Occurrence	e Current	Status V
Immunizati	on Allergens		Intolerance	Reaction	3 <u> </u>	Occurrence	Current Status	
Immuni:	zation Allergies	V			Low V	188	Active	Add
Other Allerg	gens		Intolerance	Reaction	Severity Last	Occurrence	Current Statu Active	s Add
Last Revie	<u>Review History</u> ewed by, Ms. Robie Hansen 2/2015 10:37 AM		Reviewed Reviewed	And Save	\(\)			
Drug Inter	actions							
Severity	Drug-Drug Interactions No Drug-Drug Interactions	exists		C				
Severity	Drug-Disease Interactio	The state of the s	er i konstruer i den gragoriera des servicios de la companya de la companya de la companya de la companya de l	year- 1870m, 0270, 2200				
	No Drug-Disease Interaction	and a second	ente entre en en engantigança (pagina) en en 1875 (h. 1876).	non-organization				
Severity	No Drug-Allergy Interaction							
Severity	Drug-Allergy Interaction	ıs						
HELP	Help Desk: 914.332.	5590 <u>Report a Problen</u>	1 ICD-10 Transition Fe	edback Feedback				

Page 1 of 1

Dr. Colleen Kennedy, M.D., <u>Bayl</u>	or Dallas Clinic,	Colleen I	Kennedy, M	D, PA				Om Version 1	ni(XZ)
Patients Transcriptions App					cuments Fo	rms Referi	als CMS Incent	ive Program I	Billing
oday's List <u>*</u> 1 <u>Open</u> Molecular 0]	essages [4: H	ealth Alerts i	My Profile Clinic	GuideLines Update	s Practice Portal	File Checksum		4U Documentation	View Fax Logot Status
Current Medications									
☐ → Bartis, Samuel	Sex	Male	DOB	Age 17 yrs 1	mth				
Chart # BARSA0001	SSN #	l	Phone	(H)					
							Print Pre-E: Print Pr	xisting & Activ e-Existing Med	Print All e Medications lications Only
Surescripts Rx history									
☐ Patient denies pre-existing me Add / Edit Pre-Existing Medic									
Drug (enter first few characters)	Strength	Dosage	Frequency	From	- Duration -	То	Reason		Clr
	Select ✓					П		Ad	3
Note : Please select drug from d	rug list, so, syster	n will provide in	teraction informatio	on.					
Pre-Existing Medications Singulair	Dosage	Frequency	Duration	Reason			Action	op Renew	
Active Medications from Rx No Drug exist in Active Medication	Dosage s from Rx	Frequency	Duration	Last Modify I	by/Reason		Action		
								Show Inaction	e & Disabled
HELP Help Desk: 9	14.3325590 <u>Re</u> j	oort a Problem	ICD-10 Transition	Feedback Feedback					
	1	Copyright © 2018	OmniMD. All Rights	Reserved. OmniMD TM is a tr	rademarkof <u>ISM</u>	, Inc.	()Secui	red by Oth	

Patient Name: Samuel Bartis
lease complete the following questionnaire. Thank you for your time.
1. Are you currently experiencing pain from injury or surgery? ☑ Yes ☐ No 2. If yes, what is the severity of the pain? ☑ Mild ☐ Moderate ☐ Severe 3. Do you have scars or stretch marks that you would like to see reduced? ☑ Yes ☐ No 4. Do you have concerns about skin irritations? ☐ Yes ☑ No 5. Do you have non-healing wounds? ☑ Yes ☐ No 6. Are you experiencing nausea on a recurring basis? ☐ Yes ☑ No 7. If yes, what is the severity of the nausea? ☐ Mild ☐ Moderate ☐ Severe 8. Are you concerned about old scars or new scars after surgery? ☑ Yes ☐ No 9. Do you have trouble healing after surgery? ☐ Yes ☑ No 10. You will be prescribed pain medication after surgery. Are you interested in topical medication to rub on the affected area rather than taking oral medication? ☑ Yes ☐ No 11. You will be prescribed nausea medication after surgery. Are you interested in topical medication rather than taking oral medication? ☑ Yes ☐ No 12. Please list all other medical conditions or important information not mentioned.
Comments/Additional Needs or Concerns: Patient Signature

Patient Needs Questionnaire . 2014

i

Compound Medication Pain Cream Scar Cream Nausea Cream Nound Cream Acne Cream Hair Gel Other		l. Thank you for your time.	•
1. Did the prescript	ion deliver the resu	ilts and quality that were	e anticipated?
☐ Less than expected	☐ As expected	More than expected	☐ Consistently more
2. Ease of use/appl	ication of the preso	cription was	
☐ Less than desirable	As expected	☐ Better than expected	☐ Consistently better
3. Ease and timelin	ess of receiving th	e prescription was	
☐ Less than expected	As expected	☐ More than expected	☐ Consistently more
4. Communication	from the pharmac	y regarding status of pre	escription request was
☐ Slower than expected	As expected	☐ Quicker than expecte	ed 🗆 Never received
5. Helpfulness of p.	harmacy to answei	your questions concern	ning prescription was
☐ Less than expected	As expected	☐ More than expected	
6. The overall satis.	faction of your exp	erience was	
☐ Less than expected	As expected	☐ More than expected	☐ Consistently more
Comments / Testim		his survey. Your feedback is va	alued and very much apprec

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KEN003545

Visit Report - Bartis, S	amuel - 12/10/2013 3:00 PM(CST) (OmniMD) Pa	ge 1 of 2
Patient: Bartis, Samuel	Sex : Male	
Chart#: BARSA0001	DOB : i), Address : , Forney, Texas 75126	
DOS: 12/10/2013 3:0 0 Chief Complaint: Np Attended By: Ms. Maries	O PM(CST) (15 mins), Location: CIK Business Office Rockwall Laurel (214-775-1356)	
Employer:		
Allergies No Known Drug Allergi	es.	
<u>Intolerance</u> No Intolerance Recorded		
Current Medications Current Medication Singulair	<u>Dosage Frequency Duration Reason</u>	
VITAL SIGNS Height 68 inch 172 cm		
Weight 190 lbs 86.2 Kg		
BMI 28.9 Kg/m ² Abno	rmal .	
	FOLLOW UP NOTE	
Patient Name: Bartis, Sa Chart Number: BARSA00 Date of Service: 12/10/2	01	
Procedure Performed:		
Vitals: Temp: BP:/ Starting Weight: Cur	Pulse Rate: O2 Sat: rent Weight: Change:	
Current Medications:		
Note: scarring from old	cuts/injuries with poor cosmetic healing, called in compound scar reduction cream	
Impression: scarring w	rith poor healing outcome	
Plan: apply compound s	car reduction cream to affected area prn	
F/U in: as needed Prescriptions and Lab C		
Diagnoses	Λ	
<u>DIAGNOSES</u>	Maribaland Par	

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KEN003546

Visit Report - Bartis, Samuel - 12/10/2013 3:00 PM(CST) (OmniMD)

Page 2 of 2

Procedures

PROCEDURES

Disposition

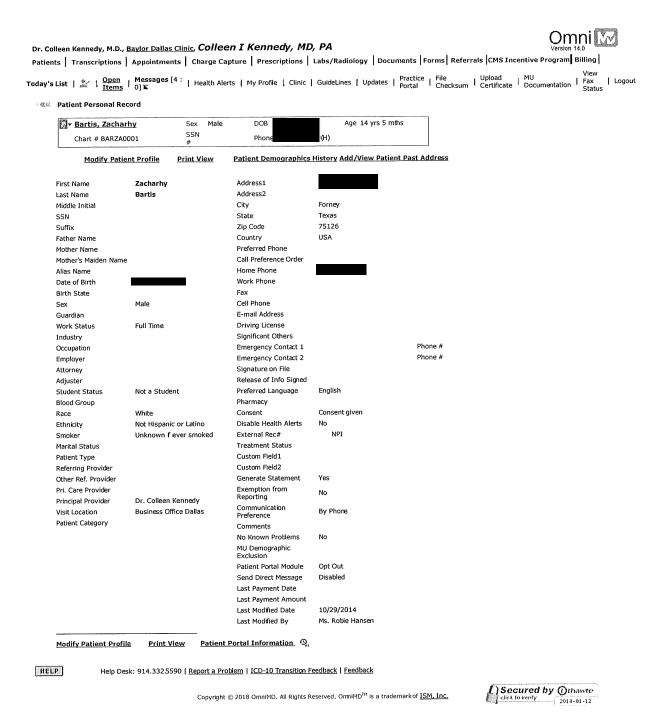
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Patient Name	DOI	g	Rep#	
SAM BARTIJ			Insuranc	e Information
Home Phone	Cell Phone		Provider	e majlic
Address			Member ID # 2556 &	·/
City Forney	State	Zip 75/24	SS #	upino de monte de la composición del composición de la composición de la composición de la composición del composición de la composición del composición de la composición del composición de la composición del composición del composición del composición del composi
Allergies	Diagnosis	en sommer se men som en so	Bin # 6/0029	Group # PEPRX
4	29 Ridge Rd. Sec. 14-775-1356 (NPI Ream Vice daily for 10-1	office) 214-6 Lic#: M7325 #: 150889781 4 weeks for sca Refills 1 2 3 4	r reduction. (<i>PracaSil</i> ** 4 5 (prh)	Material Confession (Confession Confession C
Psoriasis / Eczema Apply 1-2 grams to afformula and a grams to afformula and a grams to afformula and a grams and a grams are	ected area 3-4 tii 12GM S Refills	1 2 3 4 5	prn , Vitamin D3 0.03%, Tretino	ein 0.012%
Pain Cream Apply one application 60GMS120GMS _ Flurbiprofen 20%, Baclofen	240GMS R	efills 1 2 3 4	5 prn	pain.

Dr. Colleen Kennedy, M.D.							(Omni Version 14.0	M
Patients Transcriptions		•	•	•	•			View	
Today's List 1 Items	Messages [4: Heal	th Alerts My Profi	e Clinic GuideLine	s Updates	Portal Ch	ecksum Cer	tificate Documer	ntation Fax Statu	ıs Logo
Forney, 1 SSN # Phone DOB Charl # RARZADDD1 Age	s, Zacharhy	Principal Provider: Referring Provider: Pri. Care Provider: Unread Messages: Message Alert	Dr. Colleen Kennedy	y <u>Health Record</u>		itory	ectronic Notes Enter Keyword	<u> </u>	
Patient's Primary Insu	rance Details								
Payer / Policy	Group / Plan	Member	/ Subscriber		Validity	Co-Pay	Details	Actio	n
No Primary Insurance Record	d Exist								
Demographics√	Allergies√		OmniMD Rx Histor	rv	Transcriptio	ne	Message		
Insurance Records	Current Medicat	ions	All Rx History	- 1	Referrals		CDA		
Eligibility Info	Medical History		Rx Refills		Form Record	ds	Lock Us	ers	
Advance Directives	Family History		Rx Change Reque	sts	Scanned Do		Super B	ills	
Patient Confidentiality	Social History		Lab/Radiology Or		Patient Flow		Patient		
Patient Annotations	Immunization		Lab/Radiology Te	st Results	Active Probl	em List			
Patient Activity History	HIPAA Disclosu	re	Progress Report		Pending Im	nunizations	Patient	Contact	
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Cases and Visits								New Ca	
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(Case: np L <u>12/10/2013</u> 1:45 PM-2	::00 PM TUE	np		Ms. Maries La	aurel		° [F		ää
		and the second s							
Patient's Recent and L				Status		Action	Communi	Add Healt cation Type	tn Alert
Аррисавіе сасед	ory Health Ale.	'-		- Julia	•	7.00.01			
Patient's Future Appo	intments								Print
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Charts & Reports: Growth	Charts							Delet	te Patient
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HELP Help De	esk: 914.3325590 <u>Report</u>	a Problem ICD-10	Transition Feedback F	<u>eedback</u>					
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OmniMD - Physician Empowered » Patient Personal Record

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Visit Report - Bartis, Zacharhy - 12/10/2013 1:45 PM(CST) (OmniMD)

Page 1 of 2

Patient: Bartis, Zacharhy	Sex : Male	
Chart#: BARZA0001 Phone: (H), Ref By:	DOB : Address : , Forney, Texas 75126	
DOS: 12/10/2013 1:45 PM Chief Complaint: Np Attended By: Ms. Maries Laure	(CST) (15 mins), Location: CIK Business Office Rockwall (214-775-1356)	
Employer:		
Allergies No Known Drug Allergies.		
Intolerance No Intolerance Recorded		
Current Medications		
VITAL SIGNS Height 58 inch 147 cm		
Weight 80 lbs 36.3 Kg		
BMI 16.7 Kg/m ² Abnormal		
	FOLLOW UP NOTE	
Patient Name: Bartis, Zacharh Chart Number: BARZA0001 Date of Service: 12/10/2013 1		
Procedure Performed:		
Vitals: Temp: BP:/ Pulso Starting Weight: Current V	e Rate: O2 Sat: Veight: Change:	
Current Medications:		
Note: hx of eczema, scarring	from itching and scratching from eczema-called in compound scar reduction cream	ı
Impression: eczema		
Plan: apply compound scar re	eduction cream to affected area prn	
F/U in: as needed Prescriptions and Lab Order	s	
Diagnoses		
<u>DIAGNOSES</u>		
Procedures		
PROCEDURES		
Disposition		

Visit Report - Bartis, Zacharhy - 12/10/2013 1:45 PM(CST) (OmniMD)

Page 2 of 2

OmniMD - Physician Empowered » Allergies

Page 1 of 1

_	lergies						
	▼ Bartis, Zacharhy Sex Male SSN	DOB Phone	Age 14 yrs 5	mths			
	Chart # BARZA0001 #	Phone	(1)				
_		w More Details					
	nown Allergies (Food, Environmental, Immunizati nvironmental Allergens	on and others) Intolerance	Reaction	Severity Last Occ	urrence	Current Status	
Food	& Environmental Allergies V			Low 🗸		Active	<u>></u>
78						Ad	ia
∠ NKDA rug Alle	(No Known Drug Allergy) ergens						
rug	Drug Classification	Intolerance	Reaction	Severity Las	st Occurrence	Current Sta	tus
	Allergies	<u> </u>				I Active	Add
nmuniz	ation Allergens	Intolerance	Reaction	Severity Last Occ	urrence	Current Status	
Imm	unization Allergies 🗸			Low 🗸		Active	\preceq
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ther Al	ergens	Intolerance	Reaction	Severity Last Oc	currence	Current Status Active	$\overline{}$
	Annua -						Add
		Reviewed					
	gy Review History	Notes:					
	eviewed by, Ms. Robie Hansen /22/2015 10:38 AM	Reviewed	And Save				
Drug I:	nteractions						
	y Drug-Drug Interactions No Drug-Drug Interactions exists						
Severit	entral description of the contrast region according to the contrast of the contrast of the property of the contrast of the con						
Severit Severit	·						
	No Drug-Disease Interactions exists						

	/ 4
1.	Are you currently experiencing pain from injury or surgery? Yes No
	If yes, what is the severity of the pain? Mild Moderate Severe
3.	Do you have scars or stretch marks that you would like to see reduced? Yes I No
4.	Do you have concerns about skin irritations? Yes No
5.	Do you have non-healing wounds? \(\sigma\) Yes \(\vec{\District}\) No
6.	Are you experiencing nausea on a recurring basis? $\square_{Yes} \square N_{O}$
7.	If yes, what is the severity of the nausea? Mild Moderate Severe
8.	Are you concerned about old scars or new scars after surgery? \(\sum_{Yes}\) \(\sum_{No}\)
9.	Do you have trouble healing after surgery? □ Yes ☑ No
10.	You will be prescribed pain medication after surgery. Are you interested in topical
me	dication to rub on the affected area rather than taking oral medication? 🗹 Yes 🛚 No
11.	You will be prescribed nausea medication after surgery. Are you interested in topical
me	dication rather than taking oral medication? $\square_{Yes} \ \ \square No$
12.	Please list all other medical conditions or important information not mentioned.
Cor	nments/Additional Needs or Concerns:
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Satistaction Survey	Please complete the medication you were compound Medication you were compound Medication Year Cream of Nausea Cream of Nausea Cream of Nausea Cream of Medication Acne Cream of Hair Gel of Other	e following Proc re recently pres ation(s) Prescribe	cribed. Thank	on Survey based on	the	 compound			
	1. Did the prescri	iption deliver th	ne results and	quality that were a	ntic	ipated?			
ŏ	☐ Less than expected	☐ As expecte		More than expected		Consistently more			
IST	2. Ease of use/ap	oplication of the	e prescription	was		110 4000000 1100			
\overline{z}	☐ Less than desirable	As expecte	ed 🗆	Better than expected		Consistently better			
S	3. Ease and timeliness of receiving the prescription was								
	☐ Less than expected	As expecte	ed 🗖	More than expected		Consistently more			
\preceq	4. Communication	on from the pha	armacy regar	ding status of preso	cript	ion request was			
roduct	☐ Slower than expecte	ed 🖸 As expecte	ed 🗖	Quicker than expected		Never received			
Ō	5. Helpfulness o	f pharmacy to a	answer your q	uestions concernit	ıg p	rescription was			
בֿ	☐ Less than expected	As expecte	ed 🗆	More than expected		Consistently more			
	6. The overall sa	tisfaction of yo	ur experience	e was					
	☐ Less than expected	As expecte	ed 🗆	More than expected		Consistently more			
	Comments / Test	imonial:							
	Thank you very much for Patient Signature	or taking time to con	mplete this surve	y. Your feedback is valu	ed an	d very much appreciated!			

Product Satisfaction Survey • January 1, 2014

Visit Report - Bartis, Zacl	narhy - 12/10/2013	1:45 PM(CST) (Or	mniMD)	Page 1 of 1
Patient : Bartis, Zacharhy	Sex : Male			
Chart#: BARZA0001 Phone: (H), Ref By:	DOB : Address :	Forney, Te	exas 75126	
DOS: 12/10/2013 1:45 PN Chief Complaint: Np Attended By: Ms. Maries Laur		ocation: CIK Business	Office Rockwall	
Employer:				
Allergies No Known Drug Allergies.				
Intolerance No Intolerance Recorded				
Current Medications				
VITAL SIGNS Height 58 inch 147 cm				
Weight 80 lbs 36.3 Kg				
BMI 16.7 Kg/m ² Abnorma	ıl			
	FOL	LOW UP NOTE		
Patient Name: Bartis, Zachar Chart Number: BARZA0001 Date of Service: 12/10/2013				
Procedure Performed:				
Vitals: Temp: BP:/ Pul Starting Weight: Current	lse Rate: O2 Sat: Weight: Change:	:		
Current Medications:				
Note: hx of eczema, scarrii	ng from itching and scr	ratching from eczema-o	called in compound scar i	eduction cream
Impression: eczema				
Plan: apply compound scar	reduction cream to aff	fected area prn		
F/U in: as needed Prescriptions and Lab Orde	ers			
Diagnoses				
<u>DIAGNOSES</u>	1			
Procedures		\		
PROCEDURES	MANA	NO CHA	NU BAR	
Disposition	1000			

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Patient Name	DOB	Rep#				
ZAC BARTU	-	Insuran	ice Information			
Home Phone	Cell Phone	Provider CUS CA	# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Address		Member ID # 2556.	Member ID # 255681			
City	State Zip 75/26	SS #	th messarint hadden			
Allergies	Diagnosis	Bin# 610029	Group# PEPRX			
1309 Ridge Rd. Suite 109, Rockwall, TX 75087 214-775-1356 (office) 214-613-2231 (fax) Lic#: M7325 NPI#: 1508897810 Signature Signature Signature Signature Signature Signature Pate 1 Apply up to 4 GMS twice daily for 10-14 weeks for scar reduction. (PracaSil™-Plus) —60GMS _120GMS						
Psoriasis / Eczema Cream Apply 1-2 grams to affected area 3-4 times daily. 4GMS8GMS12GMS						
60GMS120GMS	one pump or 1-2 grams) 3-4 _240GMS Refills 1 2 3 2%, Cyclobenzaprine 2%, Gabaper	4 5 prn	or pain.			